

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # F52303**

1. Entity Name

S &amp; K INTERNATIONAL, INCORPORATED

Principal Place of Business

4132 LAFAYETTE ST.

Mailing Address

4132 LAFAYETTE ST.

MARIANNA

FL

32448

US

MARIANNA

FL

32448

US

2. Principal Place of Business

4132 LAFAYETTE ST.

3. Mailing Address

4132 LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MARIANNA

FL

City &amp; State

MARIANNA

FL

4. FEI Number

59-2139765

Applied For

Not Applicable

Zip

32446

Country

US

Zip

32446

Country

US

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**

PATEL, SUNIL

4132 LAFAYETTE ST.

MARIANNA

FL

32448

US

**7. Name and Address of New Registered Agent**

Name

PATEL SUNIL L

Street Address (P.O. Box Number is Not Acceptable)

4132 LAFAYETTE ST.

City  
MARIANNA

FL

Zip Code  
32446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **SUNIL L PATEL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**05/01/2000**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | VSD                    | <input type="checkbox"/> Delete |
| NAME           | MADHU PATEL            |                                 |
| STREET ADDRESS | 4132 LAFAYETTE, STREET |                                 |
| CITY-ST-ZIP    | MARIANNA FL            |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PTD                   | <input type="checkbox"/> Delete |
| NAME           | PATEL SUNIL           |                                 |
| STREET ADDRESS | 4132 LAFAYETTE STREET |                                 |
| CITY-ST-ZIP    | MARIANNA FL           |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | VSD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MADHU PATEL S          |  |
| STREET ADDRESS | 4132 LAFAYETTE, STREET |  |
| CITY-ST-ZIP    | MARIANNA FL 32446      |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PTD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PATEL SUNIL L         |  |
| STREET ADDRESS | 4132 LAFAYETTE STREET |  |
| CITY-ST-ZIP    | MARIANNA FL 32446     |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sunil L. Patel

Date: 05/01/2000